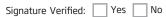
PSRF005812042340 | Comp/Feb/Int/5277

## Policy Servicing Request Form - 1 **Minor Alterations**

For office use only:
Branch:

Employee ID:
Date: DD/MM/YYYY





Please use Black Ink to * Indicates mandatory fields	fill the format								
Policyholder Deta	ails								
Policy No.:									
Name of the Policyholde	er:								
E Insurance A/c No.									
Correction/Chan	ge of Contact / P	PAN Details							
PAN:									
Email Id		Alternate Email Id							
Mobile No.			Landline (Residence) No.						
Alternate Mobile No.			Landline (C	Landline (Office) No.					
Contact details will be u be updated to the syste		ommunications. The above ment y the customer.	ioned contact n	umber will be o	considered as	s consent to co	ommuni	cate. En	nail ID will
Change in Addres	SS Commu	unication Address	Permar	anent Address					
Owner (Policy Holder)	Life Assured	Nominee / Beneficiary	Appoint	tee	Assignee	Joint	Life		Trustee
House / Flat No.									
Street / Area									
City / District - Pin code									
State									
the Life Assured.		der your client ID. Please use a se rd, Driving License and Aadhar Ca		f Nominee / Be	eneficiary / Ap	opointee's add	dress is o	differen	t from
Correction/Chang	ge in Name								
Role		Present Name			New Name				
Life Assured									
Policy Holder									
Nominee / Beneficiary									
Appointee									
For any <b>change in nar</b>	<b>ne</b> a Gazette copy is	ame due to marriage /divorce / required. proof is required with the new	•		ssued docun	nentary evid	ence is	require	d.
Correction/Chan	ge in DoB								
Owner (Policy Holder)	Life Assured	Nominee / Beneficiary	Appoin	tee 📗	Assignee	Joint	Life		Trustee
_	if the nominee becom	nes Minor, please provide Appoint act on underwriting and may lead		narges/premiu	m.				
Regd. Off: 13th Floor, Lodha E	excelus, Apollo Mills Comp	MH2000PLC128245. IRDAI Regis pound, N.M. Joshi Marg, Mahalaxmi, M	Iumbai - 400 011.						_9
		knowledgement Copy (Poli							
Policy No.:		Request received for: _					Br	anch St	amp
Interaction ID:	Recei	ived by:		Date:					

Correction/Change in	Nominee/Be	neficiary/App	oointee detai	ls					
Details	Nominee 1	Beneficiary 1	Appointee		Nominee 2	Beneficiary 2			
Name									
Date of Birth									
Gender									
Marital Status									
Contact Number									
Email Id									
Address									
Relationship with Life Assured									
% of Entitlement									
Appointee Details (if	the Nominee	e is a minor)							
Addition of Appointee		Change of A	Appointee						
Name									
Date of Birth									
Relationship with the									
Nominee / Beneficiary  Address									
the policy ownder and the L and the nomination last rece	ife Assured(s) ar eived by the com orm. If the nomin	e different entitie pany shall prevail ee is other than f	s. All previous no over all previous irst degree relativ	minations nominative, then M	s shall be automaticall ons. If the Nominee is 1HQ - Moral hazard que	time nomination cannot be effected if by cancelled on execution of this form is a minor an Appointee who is a major estionnaire should be attached along d.			
Declaration by the Po	licvholder / A	ssianee							
1. I/We hereby declare that information provided by me	the particulars givelus above, I/We vermify or keep indeed as above.	ven above are corr vould not hold HDF emnifying HDFC Lit	C Life Insurance C fe against any loss	ompany Li , claim, dai	mited or any of its asso mage or expenses arisi	all for reason of incomplete or incorrect ociates/employees/agents responsible. ng out of any incomplete or incorrect tted by me here in.			
3. I/We further undertake to at any time due to any reason		ess amount wheth	er demanded by	HDFC Life	or not, which has bee	n credited in excess to my/our account			
I hereby declare that I a	m sharing my Aac consent to HDFC l	ife to process and	verify my Aadhaa	data in a ı	manner prescribed und	ng my request related to my insurance ler law. I am sharing my Aadhaar details			
SIGN HERE		SIGN H	IERE	provid	e the policy is assigned, de signature of the As seal (wherever applicab	ssignee			
Signature of Policyholo	der 1	Signature of Po			rear (Time, et et applicas	Signature of Assignee			
Date: DD/MM/YYYY Place:	Dat	(In case of Joint e: DD/MM/YYYY F	,	Date:	DD/MM/YYYY Place: _				
		·-·	.300.		i luce				
	is/her thumb impr plained to him/ he	r and I have truthfo				I hereby declare that the content of this declare that the said person has signed			
Name:						SIGN HERE			
Address:									
Date:DD/MM/YYYY	_Place:					Signature of Third Person			
HDFC Life Insurance Company Lim Regd. Off: 13th Floor, Lodha Excelus,	Apollo Mills Compou	nd, N.M. Joshi Marg, I	Mahalaxmi, Mumbai -	400 011.					
		owledgement (				······································			
Policy No.:		Request rece	eived for:						
						II Pranch Stamp			
Interaction ID:	Receive	ed by:				Branch Stamp			

 $Email-service@hdfclife.com \mid nriservice@hdfclife.com \hspace{0.1cm} (For NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace{0.1cm} only) \hspace{0.1cm} Visit-\hspace{0.1cm} www.hdfclife.com \hspace{0.1cm} (Por NRI \hspace{0.1cm} customers \hspace$